

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. : FILING DATE

1073

**FILING DATE**

101507

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3				/		
4			/			
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50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

CLAIMS	*	*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						